

City Of Branson

110 W. Maddux * Suite 200 * Branson, Missouri * 65616 417-334-3345 (phone) * 417-335-6042 (fax)

CONTRACTOR REGIS	TRATION	one) 417-000-0042	`>			
		Application Date:				
	□ Chan	nge in Name ☐ Change in Ownership				
Name of Corporation or LLC: (if applicable)		Ant	icipated Star	rt Date:		
3. NAME OF BUSINESS:		· · · · · · · · · · · · · · · · · · ·	-			
(Must match business card)						
*In State company-Must register Name of *Out-of-State company-Must register as	of Business at www.sos	.mo.gov	 			
4. Phone:	FEIN:	/ calling (573) 751-0459	T			
5. Business Address:	<u> </u>	6 Mailing Address:	E-Mail:			
Street:		6. Mailing Address: Street:	(ii different from	business address)		
City, State, Zip:		City, State, Zip:				
7. Type of ownership: Sole F	Proprietor					
•	ed Liability Company	□ Partner	•			
8. Name of Owner(s), Partners, Corporate Office		/ □ Corpora	ation			
Name:	Title:		In.			
Home Address:			Phone Num	ber:		
Name:	Title:		Ter			
Home Address:			Phone Num	ber:		
9. Business Description: Give a con	sion denomination of the					
business transactions to be conducted applicant may be sufficient cause for t	he license to be rejec	ted or revoked.	e description o	it the business by the		
10 & 11. Not applicable						
12. License Fees (please circle): 0	-4 employees\$50.0	0 5 or more em	ployees\$75.	.00		
License Year: May 1 to April 30*						
*Fees prorated: Nov 1 to Jan 31-reduced by 50% *Fees prorated: Feb 1 to Apr 30 - reduced by 75%						
		required by the State (
Affidavit of Worker's Compensation Exempensurance, unless exempt. I also understand that the nereby state that this business qualified to be exempt. Signature:	at it i do cally workers co	mnencation that its at De				
Certification						
I), (We), the undersigned have answered all questions in to f any false or misleading or any incomplete answers in the addition, (I) (We) acknowledge and understand the follows: 1) Compensation Insurance, where applica	owing:	est of my (our) belief all answers a denial, or revocation, of the licer	are true and correct. (I) (We) further understand that disclosure		
2) (I) (We) must notify the Business Licens key employee, where applicable. 3) (I) (We) are solely responsible for mainting accordance with the appropriate lines.	se Division of any change includ			1		
in accordance with the appropriate licent (I) (We) may be subject to issuance of a	sing categories.		ou ousiness, including	g the payment of fees		

Copy of driver's license required

Sign and Print Name:

Contact

Telephone #

^{*}I understand that I cannot commence business or pull permits until the contractors license is approved and issued.*



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CITY BRINSON

Utilities Division

616 W. Pacific Street • Branson, Missouri 65616 (417) 337-8565 • Fax (417) 334-9518

NOTICE TO CONTRACTORS:

The City of Branson Utilities Division would like all contractors performing plumbing services within the City of Branson to be aware the City has adopted the 2009 International Plumbing Code, 2009 International Residential Code and the 2009 International Fire Code. As part of adopting these codes the City has also amended sections of the Code to meet specific requirements of the City of Branson. In addition to these adopted Codes the City has revised the sewer connection application which contains specific requirements pertaining to sewer service installation and repair. Please keep in mind that any sewer service line installation or repair requires a permit through the City's Planning and Development Department. Contractors or property owners must also deposit a sewer bond of \$500.00 with the Finance Department before a permit will be issued. If you have any questions please feel free to contact us at 417-243-2731 or 417-243-2740.

The City requests your signature below as acknowledgement of your understanding of the above requirements.

wirke Kay		,	
City of Branson			
Utilities Director			
Business Name:			
Phone #:	•		
Contractor Name (Print):			
Contractor Signature:			
Date:			